

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to 20 minutes continuously and a total of 2 hours in an 8-hour workday;

(ii) Stand up to 15 minutes continuously and a total of 2 1/2 hrs in an 8-hour workday;

(iii) Walk up to 1 1/2 blocks continuously and a total of 1 hour in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	(✓)	( )	( )	( )
6-10	(✓)	( )	( )	( )
11-20	(✓)	( )	( )	( )
21-25	(✓)	( )	( )	( )
26-50	(✓)	( )	( )	( )
51-100	(✓)	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	(✓)	( )	( )	( )
6-10	(✓)	( )	( )	( )
11-20	(✓)	( )	( )	( )
21-25	(✓)	( )	( )	( )
26-50	(✓)	( )	( )	( )
51-100	(✓)	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	(✓)	( )	( )	( )
Squat	(✓)	( )	( )	( )
Crawl	(✓)	( )	( )	( )
Climb	(✓)	( )	( )	( )
Reach	(✓)	( )	( )	( )

\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No
Left	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

RIGHT	LEFT	Both
( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No	( <input checked="" type="checkbox"/> ) Yes    ( <input type="checkbox"/> ) No

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Being around moving machinery	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Exposure to marked changes in temperature and humidity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Driving a motor vehicle	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Exposure to dust, fumes & gases				

14. This question applies only if its number is circled:.. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listings of Impairments?

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

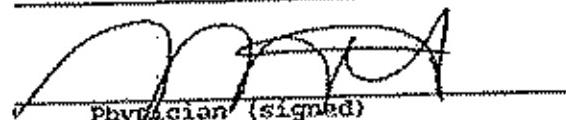
\_\_\_\_\_

15. Can the patient travel alone on a daily basis.

- (a) By bus? Yes  No \_\_\_\_\_  
(b) By subway? Yes  No \_\_\_\_\_

16. Other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Physician (signed)

Date 2-7-02

Michael M. Alexiades, MD

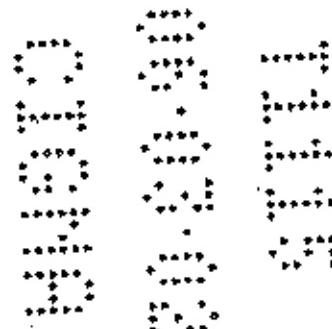
Physician (print name)

159 East 74th St Ny Ny 10021

Address

212-734-1288

Telephone Number



PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT

Patient's Name: Steven A. Ferber SSN 094-44-9673  
Patient's Address: 3200 Waldo Avenue  
Bronx, NY 10467

Dear Doctor Keith Recht, M.D.

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. Give first and last dates of treatment and the average frequency of treatments:

First visit to Dr. Keith Recht on 7/01/00 with Dr. Alan Smith for pain 4/yr.

2. Describe in detail the patient's symptoms (complaints, including pain).

Chronic low back pain and pain radiated down legs.  
Occasionally numbness in legs.

1. Has the patient been seen or treated by a physician?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Is the patient currently receiving treatment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Is the patient currently taking any medications?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Is the patient currently unable to work?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Is the patient currently unable to care for himself/herself?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Is the patient currently unable to take care of his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
9. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
10. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
11. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
12. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
13. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
14. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
15. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
16. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
17. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
18. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
19. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
20. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
21. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
22. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
23. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
24. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
25. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
26. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
27. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
28. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
29. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
30. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
31. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
32. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
33. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
34. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
35. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
36. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
37. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
38. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
39. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
40. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
41. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
42. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
43. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
44. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
45. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
46. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
47. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
48. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
49. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
50. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
51. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
52. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
53. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
54. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
55. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
56. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
57. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
58. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
59. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
60. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
61. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
62. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
63. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
64. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
65. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
66. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
67. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
68. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
69. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
70. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
71. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
72. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
73. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
74. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
75. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
76. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
77. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
78. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
79. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
80. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
81. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
82. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
83. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
84. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
85. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
86. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
87. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
88. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
89. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
90. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
91. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
92. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
93. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
94. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
95. Is the patient currently unable to care for his/her self?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
96. Is the patient currently unable to care for his/her home?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
97. Is the patient currently unable to care for his/her children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
98. Is the patient currently unable to work full-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
99. Is the patient currently unable to work part-time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
100. Is the patient currently unable to work at all?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

3. Describe in detail the patient's signs (clinical findings).

(P) Red rash 75

+ puffy edema 20

WBC 32,500/mm<sup>3</sup>

(P) Sputum 15 - 16

4. Give the laboratory tests and results.

MRI brain normal

5. Diagnoses. Ur/s, urinalysis, WBC, sputum, etc.

6. Prognosis \_\_\_\_\_

Unlikely to have further surgery

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes            No           

8. Does the patient have to lie down during the day?

Yes          No           . If yes, for how long and for what reasons?

1/2 - 2 hours at a time is often

9. Describe the treatment the patient has received.

Physical therapy

Medical report

and orthopedic

treatment

18. Give the medications pregrcribed for the patient, including the dosage.

Do any of the medications have any side effects or limit the patient's activities?

Yes \_\_\_\_\_ No no If yes, explain:

11. Does or could any condition cause the patient pain?

Year      At      No.      If yes, explain.

If yes, does any medication affect the patient's pain and how does it affect the pain?

\*\*\*\*\*  
\*\*\*\*\*

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) the patient can:

(i) sit up to 2.0 hr continuously and a total of 2 hr in an 8-hour workday;

(ii) stand up to 15 min continuously and a total of 1 hr in an 8-hour workday;

(iii) walk up to 1 1/2 mi continuously and a total of 1 hr in an 8-hour workday;

(b) during an entire 8-hour workday:

(i) the patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
6-10	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
11-20	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
21-25	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
26-50	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
51-100	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

(ii) the patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
6-10	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
11-20	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
21-25	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
26-50	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
51-100	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

(iii) the patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Squat	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Crawl	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Climb	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Reach	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

\*Occasionally equals 1% to 3%, frequently equals 34% to 66% continuously equals 67% to 100%:

(v) The patient can use hands for repetitive actions such as:

	Simple Grasping	Pushing and Pulling of Arm Controls	Manipulation
Right	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Left	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

	Left	Both
Right	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being around moving machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to marked changes in temperature and humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a motor vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes & gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If this question applies only if its number is circled...The Social Security Administration has established what is called a "listing of impairments." If an individual's impairment is either listed or it is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the listing of impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the listings of impairments?

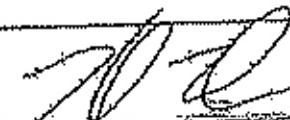
If yes, explain yes, spinal disease, and frequently

105 \* (C)

15. Can the patient travel alone on a daily basis:

- (a) By bus? Yes  No   
(b) By subway? Yes  No

16. Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Date 2/12/01

Physician (signed)

K. R. Rose

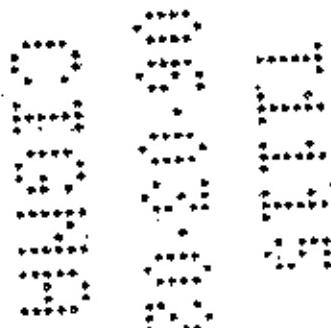
Physician (print name)

505 E 20th St NY, NY 10011

Address

212 748 3379

Telephone Number



PATIENT'S REPORT FOR CLAIM OF

DISABILITY DUE TO PHYSICAL IMPAIRMENT

SS# 099-44-9648

Patient's Name: Steven Alfano

Patient's Address: 3800 Waldo Avenue  
Bronx, New York 10463

Dear Doctor Alexiades:

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. earliest and last dates of treatment and the average frequency of treatments

5/16/96 through 1/31/01

2. describe in detail the patient's symptoms (complaints, including pain)

Chronic pain and numbness with stiffness  
back pain

3. Describe in detail the patient's signs (clinical findings).

(+) Stressed positive  
weakness on walking on toes.

4. Give the laboratory tests and results.

MRI - (+) for L5 spondylitis with  
(+) L5 nerve root impingement  
+ Stevens

5. Diagnosis.

L5 spondylitis with facets  
and radiculopathy.

6. Prognosis poor

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes ✓ No \_\_\_\_\_

8. Does the patient have to lie down during the day?

Yes ✓ No \_\_\_\_\_ If yes, for how long and for what reasons? variable 20 min

9. Describe the treatment the patient has received.

Physical therapy

epidural injections

antiinflammatories

10. Give the medications prescribed for the patient, including the dosage.

OTC NSAIDs

Do any of the medications have any side effects or limit the patient's activities?

Yes \_\_\_\_\_ No  If yes, explain.

11. Does or could any condition cause the patient pain?

Yes  No \_\_\_\_\_ If yes, explain see above

If yes, does any medication affect the patient's pain and how does it affect the pain?

Hepatitis doesn't cause pain

From: Steven A. Kato - 401 North Union

www.kato.com/specialty.htm

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

- (i) Sit up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;
- (ii) Stand up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;
- (iii) Walk up to \_\_\_\_\_ continuously and a total of \_\_\_\_\_ in an 8-hour workday;

(b) During an entire 8-hour workday:\*

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	(✓)	( )	( )
6-10	( )	(✓)	( )	( )
11-20	(✓)	( )	( )	( )
21-25	(✓)	( )	( )	( )
26-50	(✓)	( )	( )	( )
51-100	(✓)	( )	( )	( )

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	( )	(✓)	( )	( )
6-10	( )	(✓)	( )	( )
11-20	(✓)	( )	( )	( )
21-25	(✓)	( )	( )	( )
26-50	(✓)	( )	( )	( )
51-100	(✓)	( )	( )	( )

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	(✓)	(✓)	( )	( )
Squat	(✓)	(✓)	( )	( )
Crawl	(✓)	(✓)	( )	( )
Climb	(✓)	(✓)	( )	( )
Reach	( )	(✓)	( )	( )

\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Simple Grasping	<u>Pushing and Pulling of Arm Controls</u>	Manipulation
Right	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Left	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	<u>Left</u>	Both
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

13. The patient has restrictions in activities involving:

	None	Wld	Moderate	Total
Unprotected heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being around moving machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to marked changes in temperature and humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a motor vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes & gases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listings of Impairments?

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Can the patient travel alone on a daily basis.

(a) By bus? Yes  No \_\_\_\_\_

(b) By subway? Yes  No \_\_\_\_\_

16. Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Physician (signature)

Michael M. Alexiades, MD

Physician (print name)

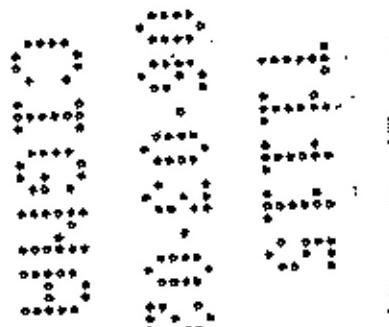
159 East 74th St

Address

212-734-1288

Telephone Number

Date 5-10-01



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ADAM S. COHEN\*

RONALD H. SIDERMAN  
ROBIN A. BHAKAL,  
OF COUNSEL

1015 GRAND CONCOURSE  
BROOKLYN, NY 10452

April 15, 2002

9 W. PROSPECT AVENUE  
MT. VERNON, NY 10550

\*ADMITTED IN NY AND CT

Jennifer Houghton  
Case Manager  
Integrated Claim Services  
CIGNA Group Insurance  
Routing 1760  
255 East Avenue  
Rochester, NY 14604-2624

Re: Steven Alfano  
SS #: 099-44-9648  
Policy #: NYK 1972  
Policy Holder: Weill Medical College  
Underwriters: CIGNA Life Insurance Co. of America

Dear Ms. Houghton:

This letter is written in further support of the claim of Steven Alfano for Long-Term Disability benefits under policy number NYK 1972. It is our contention that Mr. Alfano has been and continues to remain totally disabled since he stopped working on June 5, 2000.

In accordance with your definition of disability, Steven Alfano will be considered disabled if, because of injury or illness, he is unable to perform the material duties of his regular occupation, or if he is earning less than 30% of his Indexed Covered Earnings.

It is undisputed that Steven Alfano last worked as a Manager of Compensation on June 5, 2000. This is, in essence, a sedentary position. After he ceased working, Mr. Alfano completed a disability questionnaire form for your office wherein he complains of constant back pain and numbness. He also indicates that he suffers from a dropped left foot. As a result of these problems Mr. Alfano is unable to sit, stand or walk for any amount of time, and he must frequently lie down to rest his back. Mr. Alfano states that his condition is aggravated by sitting, which produces pain and numbness. He further indicates that his injuries are degenerative in nature and that he applied for Social Security Disability benefits because he does not anticipate being able to return to work.

On June 9, 2000 Mr. Alfano had an MRI of the lumbar spine performed which shows that he suffers from moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, a degenerative type III end-plate marrow change, an annular disc bulge, facet osteoarthritis and a prominent postero-lateral osteophyte formation. The MRI also reveals

impingement on the inferior aspect of the exiting L5 nerve root and moderate spinal stenosis. A copy of the MRI report is enclosed herewith.

Mr. Alfano has also undergone EMG/NCV studies of his lower back on July 20, 2000. These tests were performed by Andrew Schiff, M.D. This study shows that Mr. Alfano suffers from an L5-S1 lumbar radiculopathy. The physical examination associated with the EMG/NCV test demonstrates that he has an antalgic gait, cannot walk on his heels and toes and has decreased sensation in the left lower extremity. A copy of these records is annexed hereto.

A second MRI was performed on Mr. Alfano on August 18, 2001. This MRI confirms the L5-S1 spondylosis and the stenosis at that level of the spine. It also shows mild L4-5 spinal stenosis and impingement on the thecal sac at the L5-S1 level of the spine as well. The MRI further demonstrates moderate facet osteoarthritis and narrowing of the neural foramen at the L4-S1 level of the spine. A copy of this MRI report is enclosed herewith.

Mr. Alfano's claim for disability benefits is further strengthened by the reports of his treating doctors. Michael M. Alexiades, M.D., one of Steven Alfano's treating physicians, indicates in a report dated June 20, 2000 that Mr. Alfano is unable to work and will not be able to do so until at least August 5, 2000. A copy of Dr. Alexiades' report is enclosed herewith.

The records of James C. Farmer, M.D., formerly Mr. Alfano's treating spinal surgeon, also show that he is totally disabled. Dr. Farmer states that in April of 2000 Mr. Alfano's back "went out" and he began to experience severe pain. This pain apparently radiates down Mr. Alfano's leg into his posterior thigh and posterior calf. Dr. Farmer's records also indicate that Mr. Alfano suffers from numbness "in his entire foot." His leg pain can be worse than his back pain, and his left leg is worse than his right leg. In fact, Dr. Farmer finds that Mr. Alfano suffers from "fatigued" in his left leg. Dr. Farmer further notes that Mr. Alfano's back pain increases with prolonged sitting, standing and walking, and the pain significantly limits Mr. Alfano. Dr. Farmer opines that because of the severely limited range of motion in his low back with its concomitant left leg weakness, Mr. Alfano may need to undergo lumbar fusion surgery. Certainly, if Mr. Alfano's condition is so severe that surgery is a strong possibility, this supports his argument that he is disabled and unable to perform his occupational duties.

We also enclose two reports from Dr. Alexiades which clearly demonstrate that Mr. Alfano is totally disabled and entitled to benefits. The first report is dated May 10, 2001. In that report Dr. Alexiades states that Mr. Alfano suffers from L5-S1 spondylosis with stenosis and radiculopathy. He suffers from back pain, left leg pain and numbness due to this condition, and demonstrates a positive straight leg raising test as well as weakness in his leg. His prognosis is poor, and he must lie down during the day because of the pain. Dr. Alexiades notes that he has already undergone physical therapy, epidural injections and anti-inflammatory medication, all without success. Dr. Alexiades indicates in this report that Mr. Alfano can only occasionally lift or carry a maximum of ten pounds and can never lift anything on a frequent basis. He further cannot bend, crawl or climb and can only occasionally squat or reach for items. With these limitations as noted by Dr. Alexiades, there is no way that Mr. Alfano can perform his job duties. He therefore must be found disabled and entitled to benefits.

The second report we have submitted from Dr. Alexiades, dated February 7, 2002, confirms the findings of the May 10, 2001 report in every way. In this report Dr. Alexiades again indicates that Mr. Alfano must lie down during the day, stating that this must be done two or three times per day for one-half to two hours each time. He opines that Mr. Alfano can only sit for 20 minutes continuously and a maximum of two hours in an eight hour workday; stand only 15

minutes continuously and a maximum of less than one and one half hours in an eight hour workday; and walk for one block continuously and less than one hour in an eight hour workday. He also states that Mr. Alfano can only lift or carry a maximum of five pounds occasionally and nothing frequently.

Finally, we submit the February 12, 2002 report of treating physician Keith Roach, M.D. Dr. Roach's report completely supports all of the findings of Dr. Alexiades. Dr. Roach diagnoses Mr. Alfano as suffering from an L5-S1 spondylitis with spinal stenosis. His examination of Mr. Alfano reveals that he suffers from low back pain with numbness and pain radiating down his right leg, weakness in his legs, decreased patellar reflexes and diminished sensation. Dr. Roach states that Mr. Alfano must lie down three times per day, for up to two hours, because of these conditions. He further states that Mr. Alfano can only sit for 20 minutes continuously and a maximum of two hours in an eight hour workday; stand only 15 minutes continuously and a maximum of one hour in an eight hour workday; and walk for one block continuously and one hour in an eight hour workday. He opines, as does Dr. Alexiades, that Mr. Alfano can only lift or carry a maximum of five pounds occasionally and nothing frequently.

On the basis of these medical reports and records we hereby assert that Steven Alfano is disabled under the terms of policy NYK 1972 and is therefore entitled to Long-Term Disability benefits pursuant to that policy. He certainly has not worked and has been unable to work during the Benefit Waiting Period, as he has not worked since June 5, 2000. This also shows that he has earned less than 80% of his Indexed Covered Earnings, since he has no earnings whatsoever since June 5, 2000. Indeed, it is clear from the medical records that since June 5, 2000 it is not physically possible for Mr. Alfano to have performed work which would have equaled at least 80% of his Indexed Covered Earnings.

It is also beyond dispute that he cannot perform all of the material duties of his occupation, and has been unable to do so since June 5, 2000. According to his job description, Mr. Alfano's prior work for your insured was performed at the sedentary level. The United States Department of Labor defines sedentary work as lifting and carrying ten pounds on an occasional basis and five pounds on a frequent basis as well as sitting most of the time. See Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles (U.S. Department of Labor Employment and Training Administration 1993).

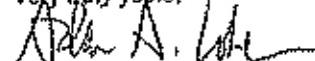
The medical evidence establishes that Mr. Alfano cannot frequently perform any lifting or carrying, and has been unable to do so since June of 2000. The numerous reports from Dr. Alexiades and Dr. Roach amply display that he has not been able to do such activities since at least June 20, 2000 (the date of Dr. Alexiades's first report). Additionally, the reports from these physicians indicate that he cannot even lift ten pounds occasionally, as is required to perform his work. These documents also display that he cannot sit for more than two hours total during a workday, thus showing that he cannot perform the sitting requirements for his job.

Wherefore, based on the medical records submitted with this letter, we hereby request that you find Steven Alfano totally disabled as of June 5, 2000, and entitled to benefits as of the expiration of the Benefit Waiting Period.

Additionally, you may be aware that as of April 1, 2001 Mr. Alfano converted his group Long-Term Disability coverage to a personal disability plan. The Certificate Number of that plan is GKC 700836. We hereby demand, without prejudice to this claim in any way, that CIGNA also find him disabled pursuant to the terms of the individual plan as well as the NYK 1972 policy, and grant him benefits immediately under that plan.

If you need any additional information regarding this matter, please contact the undersigned. We kindly request that you forward your decision to this office and Mr. Alfano once it has been made.

Very truly yours,



Adam S. Cohen, Esq.

ASC/ac

cc: Steven Alfano  
Scott D. Paules, Individual Conversion Unit  
Enc.

CLICNY 0321

RON : SOON SPORTS MEDICINE

FAX NO.: 212 2881524

Jun. 22 2000 09:33AM P2

Page 1 of 2

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June 12, 2000

MICHAEL ALEXIADES, MD

Patient: ALBANO, STEVEN  
MRI LUMBAR SPINEID: 139521  
2000096081395211

## MRI OF THE LUMBAR SPINE 6/9/2000:

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit.

42 year-old with low back pain and left-sided radiculopathy. There are no prior studies for comparison.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type III end-plate marrow change and prominent posterolateral osteophyte formation. The remaining lumbar discs are within normal. Small, benign-appearing heterograftoma are seen within the L4 and L5 vertebral bodies. No destructive marrow lesions are seen. The conus medullaris is at the lower L1 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. Paraspinal soft tissues are grossly normal.

At the L1-2 through L4-5 levels, there are no disc prolusions, significant disc bulges, spinal stenosis or neural foraminal narrowing.

At L5-S1, there is annular disc bulge and posterolateral osteophytes and facet osteoarthritis present. There is impingement upon the inferior aspect of the exiting left L5 nerve root seen on the sagittal images. There is moderate spinal stenosis. The right neural foramen is patent.

IMPRESSION: MODERATE-TO-SEVERE L5-S1 SPONDYLOYSIS.

MILD IMPINGEMENT ON THE INFERIOR ASPECT OF THE LEFT L5 NERVE ROOT AS DESCRIBED ABOVE.

MODERATE L5-S1 SPINAL STENOSIS.

HIGHFIELD 1.5T + MID FIELD + OPEN MRI

MRI  
CAT SCAN  
HELICAL

BONE  
DENSITOMETRY

ULTRASOUND  
MRI

NUCLEAR  
MEDICINE

GENERAL X-RAY  
FLUOROSCOPY  
MAMMOGRAPHY  
ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

**ELECTROMYOGRAPHY LABORATORY**  
**DEPARTMENT OF NEUROLOGY**  
**BETH ISRAEL MEDICAL CENTER**  
**NEW YORK, NEW YORK**

ALFANO, STEVEN	
099-44-9648	
EXAM DATE	07/20/2000
REFERRING PHYSICIAN	Andrew Schiff, M.D.

AGE: 42	HEIGHT: 5'8"	WEIGHT: 76	SEX: M	32	Male
---------	--------------	------------	--------	----	------

**History:** Mr. Alfano is a 42-year-old man referred for possible left lumbosacral radiculopathy. Two months ago, he made a sudden movement and felt sudden lower back pain and stiffness. A few days later, he began to feel radiation of the pain into the left buttock, posterior thigh to the ankle.

He has had lower back pain intermittently for many years since a car accident in 1997. Since that time, he has intermittently noted some weakness in his left leg, particularly in the calf when pushing off with his foot. Occasionally, he thought there was some weakness in the anterior thigh. Sitting for a long time aggravates the pain. Sitting slightly flexed and hunched over was partially alleviating. He also had pain while lying down at night in the posterior thigh. For four months, he has had some urinary retention and erectile dysfunction. He saw a urologist who found no abnormalities.

He recently saw an orthopedic surgeon. He had an MRI of his lumbosacral spine which showed spondylosis and stenosis at L5/S1, with impingement of the left L5 nerve root at the lateral recess. He has had two epidural steroid injections, which have provided only mild benefit. A third and final one was planned. Constitutional symptoms, such as weight loss, fever, and rash, were absent.

**Past Medical History:** Migraines, hypertension, reflux, esophagitis.

**Drug Allergies:** Codeine caused headache (aggravation of migraines) and nausea.

**Social History:** Works for Human resources. Does desk work. He has been out of work since the beginning of June (a month and a half).

**Family History:** No history of diabetes.

ALFANO, STEVEN  
07/20/2000

Page 2

Medications: Imitrex p.r.n., Norvasc, Prevacid.

Review of Systems: See above. No diabetes. No recent trauma. Other systems were reviewed and were negative.

General Examination: Appearance: Appeared well, in no distress. Integument: No dermatomal eruptions in the legs. Neck: Supple. Extremities: No clubbing, cyanosis or edema. Straight-leg raising was negative bilaterally. Patrick's maneuver was, also, negative bilaterally.

Neurologic Examination:

Mental Status: Alert and oriented x 3. Fluent speech. He gave a detailed description of his symptoms and recalled dates well.

Cranial Nerves: Extraocular movements intact. Face symmetric.

Motor: No atrophy, fasciculations, or pronator drift. Strength was 5/5 in all groups, although there was some give-way in left plantar and dorsiflexion of the foot and toes. Strength seemed normal.

Gait: Slightly antalgic. Able to stand, but not walk, on his heels and toes; this was painful.

Coordination: Finger-to-nose and tandem gait steady.

Sensory: Negative Romberg. Pin was diminished in the left lateral border of the foot. Vibration was impaired in the great toes bilaterally. Pin and vibration were, otherwise, intact.

Reflexes: Reflexes 2+ throughout. Plantar responses were flexor bilaterally.

Electrophysiologic Findings: Bilateral peroneal and tibial motor conduction studies were normal. Left tibial and bilateral peroneal F-wave minimal latencies were prolonged. Right tibial F-wave minimal latencies were normal. Bilateral sural and peroneal sensory responses were normal. Bilateral tibial H-reflex latencies were prolonged. Needle EMG of bilateral gluteus maximus, left leg, and lumbosacral paraspinal muscles showed no spontaneous activity. There was borderline decreased recruitment in the left tibialis anterior and quadriceps muscle, but motor unit potential morphology was normal throughout.

Clinical/Electrophysiologic Impression: There were nonspecific neurogenic abnormalities in both legs of uncertain significant. Late responses were prolonged bilaterally. These findings did not clearly differentiate bilateral L5/S1 radiculopathies from mild polyneuropathy. There was not definitive electrophysiologic evidence of either.

Taken together, the clinical and electrophysiologic features suggest

ALFANO, STEVEN  
07/20/2000

Page 3

✓ the patient has left S1, more than L5, radiculopathy. There was no associated weakness or reflex change. Further conservative management is planned, at this point. He will follow up for a third epidural injection. In the interim, he was told to stop the Motrin and to start Pamelor 25 mg p.o. q.h.s., to be increased to 50 mg p.o. q.h.s. in seven days, and to 75 mg p.o. q.h.s. at the end of two weeks, if tolerated. He was also started on Ultram one or two tablets p.o. q.i.d. p.r.n. pain. The side effects of the medicine were fully explained. He will hold off exercising for now. He was told that he could return to work, and that he should get up from his desk a few times an hour to stretch and walk around. He was also told he should avoid lifting anything heavy (greater than ten pounds). The patient will see me in followup in six weeks. I requested that he try to bring a copy of his MRI of lumbosacral spine films, if available.

*HJS*  
Stephen Scelsa, M.D.  
Director of the Neuromuscular Division  
Assistant Professor of Neurology

SS/TL975/03190  
T: 07/21/2000

Motor Nerve Conduction						
Nerve	Latency ms	Amp mV	Dur ms	Dist mm	Vel m/sec	Comment
R. Peroneal Ankle-EDB	4.26	4.2	7.32			NF
R. Tibial Ankle-AH	4.00	11.3	6.40			NF
L. Tibial AH-AH	4.04	12.1	6.82			NF
L. Tibial Pop-AH	15.1	9.6	7.80	620.0	46.8	NF
L. Peroneal AK-EDB	5.82	7.4	6.75			NF
L. Peroneal BFI-EDB	14.3	6.5	8.04	420.0	49.5	NF
L. Peroneal AFI-AK	16.2	6.3	8.16	41	48	NF

F-Waves			
Nerve	Latency(ms) Min	Latency(ms) Max	Comment
R. Peroneal EDB	59.0		#Lat
R. Tibial AH	58.2	63.6	NB
L. Tibial AH	59.7	63.0	#Lat
L. Peroneal EDB	58.9	61.8	#Lat

Sensory Nerve Conduction						
Nerve	Latency	Amp mV	Dur	Distance mm	Velocity m/sec	Comment
L. Peroneal Leg-Dorsum Pl	2.69	10.1	3.12	130.0	48.3	NF
R. Sural Calf-Lat/Med	3.50	16.9	1.95	160.0	45.3	NF
L. Sural Calf-Lat/Med	3.30	17.2	1.71	150.0	45.5	NF
R. Peroneal Leg-Dorsum Pl	2.42	8.11	1.94	120.0	49.6	NF

Alfano, Steven, 099349648 July 20, 2000

H Reflex			
Nerve	Latency mS	Amplitude µV	Comment
L.Tibial H Reflex	36.5		#Lat
R.Tibial H Reflex	38		#Lat

Muscle	Fib PSW	Pace	Mix	MUP			Rec Patt	Comment
				Amp	Dur	Phase		
L.Glut Max	0	0						NI
L.Quad.	0	0		NI	NI	NI	Normal	NI
L.Tib Ant	0	0		NI	NI	NI	Normal	NI
L.Per Longus	0	0		NI	NI	NI	Normal	NI
L.Gastroc	0	0		NI	NI	NI	Normal	NI
L.L.PSPinal L4,5	0	0						NI
L.L.PSPinal L5,S1	0	0						NI
R.Glut Max	0	0						NI

Alfano, Steven, 099449648

July 20, 2000



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Page 1 of 1

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William Louis, M.D.

Krisb S. Tobin, M.D.

Lyne Ledesky, M.D.

Scott R. Gerst, M.D.

JAMES C FARMER, MD

Patient: ALFANO, STEVEN

ID: 139533 20010817551501395211

## MRI OF THE LUMBAR SPINE 8/18/01

Sagittal and coronal proton density, sagittal T1 and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of L1-2 through L5-S1 were obtained on a 1.5 Tesla MRI unit. 43 year-old with chronic low back pain and bilateral radiculopathy. Comparison is made to report of prior study 6/9/00.

There is normal lumbar lordosis and alignment. There are no fractures or subluxations. There is moderate-to-severe L5-S1 spondylosis with disc space narrowing, disc desiccation, degenerative type II end-plate marrow change and vacuum disc phenomena. The remaining lumbar intervertebral discs are normal. There are no destructive marrow processes. Small, typical heterogeneities are seen within the L4 and L5 vertebral bodies. The conus medullaris is at the approximate L1-2 level. There are no abnormalities of the distal thoracic spinal cord or conus medullaris. There are no intraspinal mass lesions. The paraspinal soft tissues are grossly normal. At L1-2 through L3-4, there are no disc protrusions, significant disc bulges, spinal stenosis or severe foraminal narrowing.

At L4-5, there is minimal anterior disc bulge and moderate facet osteoarthritis. There are mild developmentally shortened pedicles and mild spinal stenosis. There is also mild narrowing of both neural foramina. This shows slight interval increase.

At L5-S1, there is a prominent posterior disc osteophyte complex impinging upon the posterior thecal sac causing moderate spinal stenosis. This disc osteophyte complex measures 8 mm cephalocaudad x 7 mm AP x 20 mm transverse dimension. This has shown slight interval increase in size by report. However, direct comparison to prior study is suggested for interval change. There is moderate facets osteoarthritis, and mild-moderate left sided neural foraminal narrowing.

## IMPRESSION:

1. MODERATE-TO-SEVERE L5-S1 SPONDYLOYSIS.
2. POSTERIOR DISC OSTEOPHYTE COMPLEX AT L5-S1 CAUSING MODERATE SPINAL STENOSIS.
3. MILD L4-5 SPINAL STENOSIS.

Thank you for referring this patient.

Electronically Signed By: William Louis, MD

MRI	CAT SCAN	ULTRASOUND	NUCLEAR MEDICINE
HIGHFIELD 1.5T + MID FIELD - OPEN MR	NA/NA	NA/NA	NA/NA
GENERAL X-RAY	FLUOROSCOPY	MAMMOGRAPHY	NON-BIOMOLECTIC
ACREDITED BY THE AMERICAN COLLEGE OF RADILOGY			
NRI - ULTRASOUND + MAMMOGRAPHY			

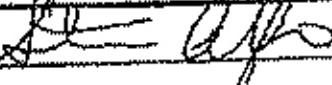
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Date Printed: 07/25/2008

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## JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

Human Resources Department  
445 East 59th Street, Room 228  
New York, New York 10022  
(212) 746-1197 Fax: (212) 746-0983

## Medical Certification for Family and Medical Leave

Name (Last, First, Middle Initial) <b>ALFANO, STEVEN</b>	Social Security Number <b>099-44-4648</b>	Room No. <b>OH-220</b>
Position <b>WAGE &amp; SALARY MGR</b>	Dept./Div. <b>HUMAN RESOURCES</b>	Extension <b>61038</b>
Employee's Signature 		Date <b>7/15/00</b>

To be completed by an authorized health care provider. The information sought on this form relates only to the condition for which the employee is taking FMLA Leave.

The attached Description of Serious Health Condition describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category.

(1)  (2)  (3)  (4)  (5)  (6) ... or  None of the Above

Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria for one of these categories:

Dear patient will before unable to work because of this condition 7/12/00 Probable Date Treatment of this condition will end 8/10/00

Dear patient will be able to return to work 8/5/00\* OR PENDING Neurology visit

Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule due to this condition (including the treatment described below)? Yes  No

If yes, give the probable duration 1M to 1YRS

If the condition is a pregnancy (condition #3) or chronic condition (condition #4), state whether the patient is presently incapacitated and the likely duration and frequency of episodes of incapacity:

From: Steven Alano To: Valarie Gubman

Date: 6/2/2003 Time: 9:32AM

Page 4 of 4

FROM : SAGA SPORTS MEDICINE

FAX NO. : 212 2881524

Jun. 21 2003 02:23PM PT

FAX TO: 212 2881524

Date: 6/2/2003 Time: 12:57:49 PM

Page 3 of 4

If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments:  
approximately 3

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide any estimate of the probable number and interval between such treatments, period of estimated date of treatment if known, and period required for recovery if any: 2-4 days

If any of these treatments will be provided by another provider of health service (e.g., physical therapist), please state the name of the treatments: cardiac injections

If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

Is employee able to perform work of any kind? (If "No", skip the next question) Yes  No   
 Is employee able to perform any one or more of the functions of the employee's position? (Answer: after reviewing statement from employer of essential functions of employee's position, or if none provided, after discussing with employee.) Yes  No  If Yes, list the essential function the employee is unable to perform:

no lifting, Prolonged Standing (sitting)

If neither of the above statements apply, is it necessary for the employee to be absent from work for treatment? \_\_\_\_\_  
 Yes  No

Primary Name of Health Care Provider Dr. Michael M. A. Alexades	Type of Practice or Specialty Orthopedics
Signature of Health Care Provider	Date 6/2/03
Address 159 East 74 <sup>th</sup> St Ny Ny 10021	Telephone Number 212 288-1288

This form should be submitted to the Human Resources Department - Weill Medical College  
at the above address.

1pm 11/21/08 11:24 AM  
NOV 21 2008 11:44

Date 11/21/08 Time 11:24 AM

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PAGE: 2/8

118.00

JAMES C. RARMER, M.D.  
Hospital for Special Surgery  
835 E. 10th St.  
New York, N.Y. 10021

Alfano, Steven  
August 31, 2000

D.O.B.:  
MR#:

Mr. Alfano is a 42 year old male who reports he has had a long history of intermittent low back pain. In April of this year, his back went out and he began to experience pain that was severe. He notes that prior to the episode in April, he felt that his low back pain had overall increased in severity for the last 2 years or so. He has also noted some leg pain involving his posterior thigh and posterior calf. He at times has felt some numbness in his entire foot. Overall, he notes that his leg pain is worse than his low back pain and that the left leg is significantly worse than the right. He reports he has had episodes of occasional urinary retention in the past and saw a urologist who did not recommend any treatment. His bowel function is normal. He notes his pain is made better with rest and is made worse with prolonged sitting, standing and walking. His treatment to date has consisted of Vioxx, Amitriptyline and physical therapy in the past and recent epidural steroid injections which gave him some day relief of pain.

**Past Medical History:** Significant for borderline hypertension and migraines.

**Past Surgical History:** Non-contributory.

**Medications:** Vioxx, Amitriptyline and Norvasc.

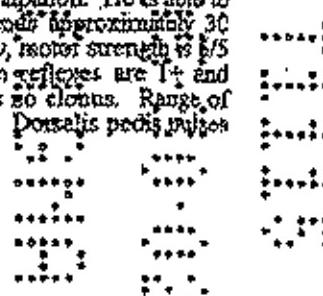
**Allergies:** He has a drug allergy to Codeine.

**Family History:** Significant for colon cancer in his father and hypertension in his mother.

**Social History:** He has a 25 pack a year smoking history and does not drink.

**Review of Systems:** Negative in detail.

**Physical Examination:** Physical examination today reveals a well developed, well nourished male in no acute distress. He walks with a normal gait. Examination of his lumbar spine does not show any skin abnormalities and there is no tenderness to palpation. He is able to forward flex, bring his fingers to within 6 inches of the floor and extend to approximately 30 degrees. He laterally bends bilaterally which is symmetric. Neurologically, motor strength is 5/5 in the lower extremities bilaterally with intact sensation. Deep tendon reflexes are 1+ and symmetric in the lower extremities. His toes are downgoing and there is no clonus. Range of motion of the hips is full and painless. Neural tension signs are negative. Dorsalis pedis pulses are 1+ and symmetric.



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NOV 21 2000 (TUE) 15:44

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PAGE: 3/3

JAMES C. FARMER, M.D.

Allano, Steven  
August 31, 2000  
Page two

MRI:

**MRI:** An MRI scan of his lumbar spine was reviewed from June 12, 2000. This shows evidence of severe degenerative changes within the disk at L5-S1. There does appear to be some moderate stenosis at this level.

**Impression:** Degenerative disk disease at L5-S1 with bilateral lower extremity pain.

**Recommendations:** At this point, I have reviewed with the patient in detail the nature of the diagnosis of lumbar degenerative disk disease along with treatment options and risks and benefits. At this point, he has not had any significant conservative management with the exception of the epidural. I do feel that he should undergo some physical therapy to see if this will improve his back and lower extremity symptoms. I have asked that he continue to take the anti-inflammatories. I have asked that he follow up with me in approximately 4-6 weeks time to see how he is doing. Should his symptoms still be persistent at that point, then we will discuss the options available to him.

James C. Farmer, M.D.

JCF/las

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NOTE: 2: 2000 (TUE) 11:44JULY 25 2008 10:00 AM '08  
7769909

PAGE: 1/3

JAMES C. FARMER, M.D.  
 Hospital for Special Surgery  
 535 E. 70th St.  
 New York, N.Y. 10021

Alfano, Steven  
 September 14, 2000

D.O.B.:  
 MRN:

Mr. Alfano returns today for follow up. He reports that he has performed the physical therapy but has had no improvement whatsoever in his pain and feels that overall the therapy has exacerbated his pain. He does have some intermittent fatigue in the left leg with prolonged walking but notes his primary complaint is his lower back pain. He does feel that at times he has weakness in his tibialis anterior on the left. He denies any bowel or bladder symptoms or night pain.

**Physical Examination:** Today shows his lumbar spine is non-tender to palpation. He does tend to get significant back pain with forward flexion. His neurologic examination is stable. Neural tension signs are negative.

**Impression:** Degenerative disk disease of the lumbar spine with some intermittent radicular symptoms on the left probably secondary to L5 nerve root compression noted on the MRI.

**Recommendation:** At this point, I have reviewed with the patient in detail the nature of the diagnosis of degenerative disk disease and lumbar radiculopathy along with treatment options and risks and benefits. At this point, he reports his back pain is severe and continues to limit him significantly on a daily basis. I do feel it is likely that the pain he is experiencing is from the significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to limit him on a daily basis and wishes to consider surgical intervention. I have explained to him that I do feel that we would need to obtain a discogram to clearly discern that the L5-S1 disk is the painful level and whether the levels above are normal. After the discogram if it is confirmatory, then I would recommend he have a new MRI as his old one is greater than 3 months old. He is going to have the above performed and will follow up with me afterwards to review it or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.  
 JCF/las



A handwritten signature in cursive ink, appearing to read "James C. Farmer, M.D.", positioned above a series of eight small, square, stamped boxes arranged in two columns of four. The boxes are mostly blank, with some faint markings like "JCF" and "LAS".

JAMES C. FARMER, M.D.  
Hospital for Special Surgery  
535 E. 70th St.  
New York, N.Y. 10021

Alfano, Steven  
November 7, 2000

D.O.B.:  
MR#:

Mr. Alfano returns today for follow up. He is still having significant low back pain. He does have some lower extremity pain but notes the low back pain is predominant. He denies any change in his bowel or bladder symptoms. He is not having any night pain.

Physical Examination: Today shows no change in range of motion of his lumbar spine. His neurologic exam is stable from a motor and sensory standpoint. Neural tension signs are negative.

Impression: Low back pain with degenerative disk disease.

Recommendation: At this point, the patient wishes to continue with conservative management and wishes to perform more physical therapy, which I think, is reasonable. A prescription was given for this. Additionally, he asked for a renewal for his Vioxx, which was given for 50 mg PO QD PRN. I have asked him to follow up with me when his physical therapy is complete to reevaluate him or sooner should he have any questions, problems or concerns.

James C. Farmer, M.D.

JCF/lss

*Ji*

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JAMES C. FARMER, MD  
Hospital for Special Surgery  
535 E. 70th Street  
New York, N.Y. 10021

Alfano, Steven  
February 26, 2001

D.O.B.:  
MR#: 068-94-43

Mr. Alfano returns today for follow up. He reports he has lost 40 lbs. since his last visit with me. He has had no change in his low back pain and notes he is still severely limited. He is having some intermittent pain in his left buttock and posterior thigh. He denies any bowel or bladder symptoms or night pain. He reports his pain is still severe with sitting and that he is currently still taking Vioxx for pain relief. He has not started physical therapy yet.

**Physical Examination:** Physical examination today shows his lumbar spine continues to be nontender. He continues to have severely limited forward flexion due to his pain. Extension is not painful. Neurologically his exam is stable. He continues to have some weakness of the left EHL and tibialis anterior which appear to be give-out with repetitive testing. Deep tendon reflexes are unchanged. Range of motion of the hips is full and painless.

**X-rays:** No new x-rays were obtained today.

**Impression:** Low back pain with left lower extremity symptoms and lumbar degenerative disk disease.

**Recommendations:** At this point I have reinforced with the patient that I do want him to begin the physical therapy and I would also like him to see Neurology again to reevaluate the intermittent weakness he gets in the left leg. I do believe that a significant portion of his symptoms are coming from the degenerative disk disease and if he does not improve with conservative care he may require a lumbar fusion. He understands all of this. All of his questions were answered.

He is going to follow up with me in six weeks time to reevaluate him or sooner should he have any questions, problems or concerns.

James C. Farmer, MD

/As

PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT

Patient's Name: Steven Alfano  
Patient's Address: 3800 Waldo Avenue  
Bronx, NY 10463  
99-44-9848

Dear Doctor:

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. Give first and last dates of treatment and the average frequency of treatments.

5/15/96 and 2/4/02

2. Describe in detail the patient's symptoms (complaints, including pain).

left leg pain and numbness with associated back pain

3. Describe in detail the patient's signs (clinical findings).

④ Straight leg raise

Inability on walking on toes

4. Give the laboratory tests and results.

MRI ④ for L5 S. Spondylosis with  
L5 nerve root impingement + Stenosis

5. Diagnoses. L5 S. Spondylosis with Stenosis  
and Radiculopathy

6. Prognosis Poor

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes X No \_\_\_\_\_

8. Does the patient have to lie down during the day?

Yes X No \_\_\_\_\_ If yes, for how long and for what reasons? 1-2 hrs two to three times  
per day

9. Describe the treatment the patient has received.

Physical Therapy

Epidural injection

Oral inflamatories

10. Give the medications prescribed for the patient, including the dosage.

OTC NSAIDS + 50mg Virox (7/31/00)

Do any of the medications have any side effects or limit the patient's activities?

Yes \_\_\_\_\_ No  If yes, explain. \_\_\_\_\_

11. Does or could any condition cause the patient pain?

Yes  No \_\_\_\_\_ If yes, explain See above

If yes, does any medication affect the patient's pain and how does it affect the pain?

Temporary decrease in pain

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) Sit up to 20 minutes continuously and a total of 2 hours in an 8-hour workday;

(ii) Stand up to 15 minutes continuously and a total of 1 1/2 hours in an 8-hour workday;

(iii) Walk up to 1 1/2 block continuously and a total of 1 hour in an 8-hour workday;

(b) During an entire 8-hour workday:

(i) The patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	[ ]	[ ]	[ ]	[ ]
6-10	[ ]	[ ]	[ ]	[ ]
11-20	[ ]	[ ]	[ ]	[ ]
21-25	[ ]	[ ]	[ ]	[ ]
26-50	[ ]	[ ]	[ ]	[ ]
51-100	[ ]	[ ]	[ ]	[ ]

(ii) The patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	[ ]	[ ]	[ ]	[ ]
6-10	[ ]	[ ]	[ ]	[ ]
11-20	[ ]	[ ]	[ ]	[ ]
21-25	[ ]	[ ]	[ ]	[ ]
26-50	[ ]	[ ]	[ ]	[ ]
51-100	[ ]	[ ]	[ ]	[ ]

(iii) The patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	[ ]	[ ]	[ ]	[ ]
Squat	[ ]	[ ]	[ ]	[ ]
Crawl	[ ]	[ ]	[ ]	[ ]
Climb	[ ]	[ ]	[ ]	[ ]
Reach	[ ]	[ ]	[ ]	[ ]

\*Occasionally equal 1% to 33%, frequently equals 34% to 66% continuously equals 67% to 100%.

(v) The patient can use hands for repetitive action such as:

	Pushing and Pulling Simple Grasping	OF ARM CONTROLS	Manipulation
Right	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Left	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

Right	Left	Both
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

13. The patient has restrictions in activities involving:

	None	Mild	Moderate	Total
Unprotected heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being around moving machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to marked changes in temperature and humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a motor vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes & gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. This question applies only if its number is circled. The Social Security Administration has established what is called a "Listing of Impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment the individual is deemed to be disabled. Attached is a copy of that portion of the Listing of Impairments that relates to the patient's complaints. Does the patient have an impairment that meets or equals the Listings of Impairments?

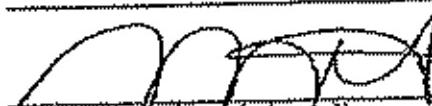
If yes, explain \_\_\_\_\_

15. Can the patient travel alone on a daily basis.

- (a) By bus? Yes  No \_\_\_\_\_  
(b) By subway? Yes  No \_\_\_\_\_

16. Other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Physician (signed)

Date 2-7-08

Michael M. Alexiades, MD

Physician (print name)

159 East 74th St Dy.Dy 10021

Address

212-784-1288

Telephone Number

CLICNY 0342  
CLICNY 0342

PHYSICIAN'S REPORT FOR CLAIM OF  
DISABILITY DUE TO PHYSICAL IMPAIRMENT

Patient's Name: Shultz Alfred SS# 009-44-9612

Patient's Address: 3305 Wadsworth  
Bronx, NY 10467

Dear Doctor Keith Reith, M.D.

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. Give first and last dates of treatment and the average frequency of treatments.

I first saw Dr. Keith Reith for the first time on 1/10/80.

2. Describe in detail the patient's symptoms (complaints, including pain).

I have had pain & stiffness in my right arm for 13 years.

During my 1/10 visit I am pain free.

3. Describe in detail the patient's signs (clinical findings).

(B) Blood pressure 165

1 pulse after 20

at respiration

(B) Sputum by mouth

4. Give the laboratory tests and results.

max serum creatinine

5. Diagnosed. ex/for symptoms were often present

6. Prognosis

worsen or improve after surgery

7. Have any of the patient's medical conditions lasted or can any be expected to last at least twelve months?

Yes no No           

8. Does the patient have to lie down during the day?

Yes yes No            If yes, for how long and for what reasons?

1/2 - 2 hours at a time 3 place           

9. Describe the treatment the patient has received:

physical therapy

physical therapy

anti-inflammatory

hot/cold

10. Give the medications prescribed for the patient, including the dosage:

*Aspirin*

Do any of the medications have any side effects or limit the patient's activities?

Yes  No  If yes, explain:

11. Does or could any condition cause the patient pain?

Yes  No  If yes, explain

*TMJ syndrome*

If yes, does any medication affect the patient's pain and how does it affect the pain?

*Nimotop controls the pain significantly*

12. Please answer each question by estimating the degree of the patient's ability to do the following on a daily basis.

(a) The patient can:

(i) sit up to 10 min continuously and a total of 4 hr in an 8-hour workday;

(ii) stand up to 15 min continuously and a total of 1 hr in an 8-hour workday;

(iii) Walk up to 1 flight continuously and a total of 1 hr in an 8-hour workday;

(b) during an entire 8-hour workday:

(i) the patient can lift (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	(x)	(✓)		
6-10	(x)	( )		
11-20	(x)	( )		
21-25	(x)	( )		
26-50	(x)	( )		
51-100	(x)	( )		

(ii) the patient can carry (pounds):

	Never	Occasionally	Frequently	Continuously
Up to 5	(x)	(✓)		
6-10	(x)	( )		
11-20	(x)	( )		
21-25	(x)	( )		
26-50	(x)	( )		
51-300	(x)	( )		

(iii) the patient can:

	Not at all	Occasionally	Frequently	Continuously
Bend	(x)	( )		
Squat	(x)	( )		
Crawl	(x)	( )		
Climb	(x)	( )		
Reach	(x)	( )		

occasionally equals 2% to 3%, frequently equals 3% to 6% continuously equals 6% to 10%.

(v) The patient can use hands for repetitive action such as:

Pushing and Pulling

Manipulation

Simple Grasping

or arm Controls

Right	( <input type="checkbox"/> Yes	( <input type="checkbox"/> No	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No
Left	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No

(v) The patient can use feet for repetitive movements, as in pushing and pulling of leg controls:

	<u>Right</u>	<u>Left</u>	<u>Both</u>	
	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No	( <input checked="" type="checkbox"/> Yes	( <input type="checkbox"/> No

13. The patient has restrictions in activities involving:

	<u>None</u>	<u>Mild</u>	<u>Severe</u>	<u>Total</u>
Unprotected heights	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Being around moving machinery	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Exposure to marked changes in temperature and humidity	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Driving a motor vehicle	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Exposure to dust, fumes & gases				

14. This question applies only if the number is circled. The Social Security Administration has established what is called a "listing of impairments." If an individual's impairment is either listed or is determined to be medically the equivalent of a listed impairment, the individual is deemed to be disabled. Attached is a copy of that notice of the listing of impairments that relates to the patient's complaints: Does the patient have an impairment that meets or equals the listings of impairments?

If yes, explain yes, spinal stenosis, especially

105 C

15. Can the patient travel alone on a daily basis:

- (a) By bus? Yes  No   
(b) By subway? Yes  No

16. Other comments:

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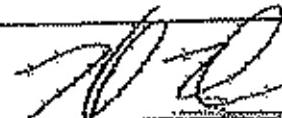
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Date 2/12/02

Physician (signed)

Kent Reed

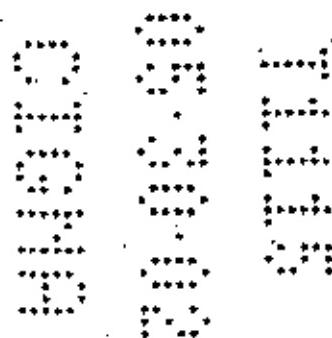
Physician (print name)

605 E 2nd St NY NY 10021

Address

apt 748 2329

Telephone Number



PHYSICIAN'S REPORT FOR CLAIM OF

DISABILITY DUE TO PHYSICAL IMPAIRMENT

SSN: 099-44-9648

Patient's Name: Steven Alfano

Patient's Address: 3800 Waldo Avenue  
Bronx, New York 10463

Dear Doctor Alexiades:

Please answer each of the following questions about the patient. They concern the patient's claim of entitlement to disability benefits under the Social Security Act. Since this form will be used by the Social Security Administration in deciding if the patient is disabled, please make sure that it is legible and that every question is answered completely. If a question is not applicable to the patient, please do indicate.

1. Indicate first and last dates of treatment and the average frequency of treatments.

5/15/06 through 13/10/01

2. Describe in detail the patient's symptoms (complaints, including pain).

① Leg pain and numbness (with decreased reflexes)